

DCFS Weekly Update From the State Office

Friday, July 14, 2000

From My Perspective

By Ken Patterson

This week I'm going to just give you a bunch of newsy items.

1. A new Dean of the School of Social Work at the University of Utah has been named. She is Jan Mather. I don't have all the bio. information yet, but we do know that Dean Mather will be joined on the faculty by her husband Grafton Hull. His job will be to establish a Bachelor of Social Work program at the U. Dr. Hull is the co-author of 1993 Social Work text entitled "Understanding Generalist Practice," so I suspect that his orientation may well be consistent with our practice model.
2. Dr. Elaine Walton has been named the Director of the Social Work program at BYU. Elaine has done a ton of Child Welfare research and has done a couple of studies in Utah that have led to improvements in our practice. She is a good advocate for Child Welfare and families.
3. Today the Child Welfare Oversight Panel heard the Attorney General's (AG's) office proposal to create a separate division in DHS to investigate CPS. Dave Carlson presented the AG's proposal. Abel Ortiz led the DCFS response; joined by Patti VanWagoner from Cottonwood, Paul Vincent from Child Welfare Policy and Practice Group, and Becky Oakley, DCFS Board Chair. The meeting was packed with interested persons, but no public testimony was taken. The panel had some members absent so no motion was made or votes taken on the proposal. On the balance I feel that there were too many unanswered questions and lack of specifics about why a change was needed to convince the committee to direct any type of study. They may take it up at a later time.
4. The University of Utah Graduate School of Social Work is sponsoring a dynamite conference on September 16 through 19, 2000. It's called the "New Century Child Welfare and Family Support National Conference." They will be offering several free registrations to DCFS staff. You may want to begin negotiating with your boss now about who gets to attend this one and who gets to attend the Child Welfare Institute in Provo on October 3 through 5, 2000.
5. On Thursday we met all afternoon with the National Center for Youth Law and Paul Vincent. We reviewed the current budget status and the results of Paul's review of 25 youth stepped-down from high cost care. His report has mixed results. Some step-downs didn't look well advised but others seemed okay. Highlight—70% of the families agreed with the step-down decision. Lowlight—in 42% of the cases it was determined that the child who was stepped down may present risks to the safety of others. We gave lots of feedback on how the report might be improved. Paul will do another draft, and we will make the report available to all within about a month.
6. Next Friday Abel Ortiz, Caren Frost, and Becky Oakley are doing an orientation for the new DCFS Board members.

7. Congratulations to the Northern Region! They received their official Qualitative Case Review report this week. On overall child and family status, 88.9% of the cases were judged acceptable. Not too shabby for the first ride out of the chute. Yee haw!! Go Northern!

Steering Committees

By Richard Anderson

The DCFS Administrative Team has agreed to reinstate the steering committee meeting schedules as they were prior to the expense management plan that curtailed these regular meetings. You can begin again in August.

The first item of business for all of the steering committees is to put together your work program for this fiscal year and submit it, through your administrative liaison, to the Administrative Team for review and approval. The Team would like to be able to review these in September as the Administrative Team meeting will be on September 12, 2000.

Information, Modeling, Practice, Feedback

By Midge Delavan

When you presented your practice principle to your group, you joined over eight hundred other people in this experience. Several things happened to everyone, including:

- Some ownership and understanding of a practice principle.
- An appreciation of how the practice principles express the interrelationship of respect for our children, our families, and ourselves.
- An indication that training is not just for information.
- An understanding that you can consciously model something, but that it is not so easy.
- A search for ways to help others practice a skill or the application of an idea.
- Practice in giving and taking feedback.

The Practice Model training implementation can be thought of as a larger version of your presentation. The same elements and hopes are there. The “Learning Design” points to:

- The need for *information* that is extended with each module—basic social work skills that shift our work toward consistency and fulfillment of the Qualitative Case Reviews and the acknowledgement that information flows both directions in dialogue.
- *Modeling and practice*—elements of the coaching/mentoring roles that can involve us all as both leaders and recipients. Important things to practice right now are

listening skillfully and expressing others' strengths. Doing these things entitles you to a T-shirt that says, "I like to coach!"

- *Feedback* that has the specific qualities of being: (1) given first for oneself and then taken from another, and (2) in the form of three strengths and one need.

Feedback for the entire DCFS organization means being able to evaluate where we are and what/how we are doing. That we are learning together is strength. That we can participate in our own evaluation creates strength. Professional caring may be our greatest strength. Beyond practice, our next need, as a learning organization, is to become involved in our own evaluation (feedback) process.

Using Medicaid Managed Health Care Plans to Get the Care Your Children Need

By Stephanie Robinson/Joelle Horel

Here is some information to help you get the medical care you need for your foster children who are enrolled in health maintenance organizations (HMOs) through the Medicaid program. Medical services for Medicaid clients, especially children, have improved under managed care. Here is how:

- The health plans work with doctors and other health care providers and more practices are open to Medicaid clients.
- The health plans are focused on prevention.
- The health plans provide services that have not been provided by the regular Medicaid program. For example, many of the HMOs take a broader view of what is "medically necessary."
- Some of the health plans have hired special staff to assist children in receiving the care they need.
- Medicaid has contracts with the HMOs, and the contracts include language that helps DCFS meet the health care requirements for children.

These are things the Medicaid agency could not do under the regular Medicaid program. Currently, the Utah Medicaid program contracts with five plans: Intermountain Health Care's Access, United Health Care's MedChoice, Healthy U, American Family Care, and Altius. American Family Care is now offered as an option in Iron and Washington Counties. Each of these plans must provide the same scope of service as the Medicaid program, but may choose to offer more services. In fact, each of these plans has staff to help enrolled members get the services they need. Contact numbers are as follows:

Plan Name	Customer Service Number
American Family Care	1-888-483-0706
Altius	1-800-377-4164
Healthy U	1-888-271-5870
Intermountain Health Care's Access	1-800-442-9023
United Health Care's MedChoice	1-800-401-0666

It is important to make certain that you get services from a provider who is part of the plan that appears on the Medicaid card. If you get services from a provider who is not part of the plan, Medicaid or the HMO will not pay for those services. Be certain to find a provider who is part of the plan by either asking the provider if he or she is part of the plan when you call for an appointment or by calling the customer service number for that plan to get a list of enrolled providers.

How do you get the most from a managed care plan?

- Know whether or not the provider is part of the plan. Ask the provider's staff or call for a list of participating providers.
- Know what is covered by the health plan. Review the member handbook for information or call customer service.
- Discuss the child's health care needs with the HMO staff who may contact you about the special needs of the child. **Let them help you get services.** The HMO staff members have been hired to help you get the services your child needs.
- Coordinate special health care needs with the Fostering Healthy Children staff and your regional health care team members. They can also assist you in working with HMOs and meeting your child's health care needs.